

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>179</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>379578</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Crisio Briseno</u>			
3. Sex of Child <u>Male</u>			
4. Twin, triplet or other _____			
5. No., in order of birth _____			
6. Legitimate? <u>yes</u>			
7. Date of birth <u>July 31</u> 19 <u>24</u>			
8. FATHER			
9. Residence (Usual place of abode) <u>Miami</u>			
10. Color or race <u>Mex.</u>			
11. Age at last birthday <u>22</u> (Years)			
12. Birthplace (city or place) <u>Mexico</u>			
13. Occupation <u>miner</u>			
14. MOTHER			
15. Residence (Usual place of abode) <u>Miami</u>			
16. Color or race <u>Mex</u>			
17. Age at last birthday <u>20</u> (Years)			
18. Birthplace (city or place) <u>Mexico</u>			
19. Occupation <u>House wife</u>			
20. Number of children of this mother			
21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>10 P.</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>L. M. Thompson</u>			
(Physician or midwife)			
Address _____			
Given name added from _____			
Month, day, year. _____			
Filed <u>July 31</u> 19 <u>24</u>			
Filed <u>AUG 5</u> 19 <u>24</u>			
County Registrar. <u>P. E. Davis</u>			

526-731-726